IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

al Patent

Patentee:

**David Charles McClure** 

Patent No.: 5,767,709

Title:

SYNCHRONOUS TEST

MODE INITIALIZATION

Issued:

June 16, 1998

Atty Dk No.: 95-C-053

Reissue Application

Applicant:

**David Charles McClure** 

Serial No.: (

09/596,027

Title: SYNCHRONOUS TEST MODE

INITIALIZATION

Filing Date: June 15, 2000

Atty Dk No.: 95-C-053RE (1678-26)

## TRANSMITTAL LETTER

## CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: MS NON-FEE AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 4th day of December, 2003

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is:

An Amendment and Response in the above-identified application.

No additional fee is required. 
The fee has been calculated as shown below:

1

## Computation of Fee For Claims as Amended

							<u> </u>	
	Claims Remaining After <u>Amendment</u>		Highest Number Previously <u>Paid for</u>	Prese <u>Extra</u>	nt		<u>Rate</u>	Addl. <u>Fee</u>
Total Claims	39	Minus	39	=	0	x	<u>\$18</u> /\$9 =	\$-0-
Independent Claims	4	Minus	4	=	0	x	<u>\$86</u> /\$43 =	<b>\$</b> -0-
	Total additional fee for this amendment							\$-0-
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  ** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.  *** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.								
	Check No in the amount of \$ is attached.							
	Charge \$ to Deposit Account No <u>Name of the Enclosed</u> .							A copy of this
_X	Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.							

Respectfully submitted,

GRAYBEAL JACKSON HALEX LLP

Bryan A. Santarelli Attorney for Applicants

Registration No. 37,560

155-108th Avenue N.E., Ste 350

Bellevue, WA 98004-5973

(425) 455-5575